

CLAIMS ONLY							Application Number		Filing Date					
							Applicant(s)							
							* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend		Indep	Depend
1							51							
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49							99							
50							100							
Total Indep							Total Indep							
Total Depend							Total Depend							
Total Claims							Total Claims							

Filing Date

Applicant(s)

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Total Indep						
Total Depend						
Total Claims						